

JED MCCALEB

## PROOF OF SERVICE

Name of Person or Entity Served

I, the undersigned process server, served the summons and complaint upon the person or entity named above in the manner set forth below (process server must check proper space and provide all additional information that is requested and pertinent to the mode of service used):

                   **FIRST CLASS MAIL AND ACKNOWLEDGMENT SERVICE.** By mailing (by first class mail, postage prepaid), on the date stated in the attached Notice, copies to the person served, together with copies of the form of notice and acknowledgment and return envelope, postage prepaid, addressed to the sender (*attach completed acknowledgment of receipt pursuant to M.R.C.P. Form 1B*).

XXX **PERSONAL SERVICE.** I personally delivered copies to JED MCCALEB on the 21st day of August , 20 14, where I found said person(s) in San Francisco county of the State of California.

                   **RESIDENCE SERVICE.** After exercising reasonable diligence I was unable to deliver copies to said person within county, \_\_\_\_\_ (state). I served the summons and complaint on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the usual place of abode of said person by leaving a true copy of the summons and complaint with \_\_\_\_\_ who is the \_\_\_\_\_ (here insert wife, husband, son, daughter or other person as the case may be), a member of the family of the person served above the age of sixteen years and willing to receive the summons and complaint, and thereafter on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I mailed (by first class mail, postage prepaid) copies to the person served at his or her usual place of abode where the copies were left.

                   **CERTIFIED MAIL SERVICE.** By mailing to an address outside Mississippi (by first class mail, postage prepaid, requiring a return receipt) copies to the person served. (*Attach signed return receipt or other evidence of actual delivery to the person served.*)

At the time of service I was at least 18 years of age and not a party to this action.

Fee for service: \$ \_\_\_\_\_

Process server must list below (please print or type):

Name BORYS PROCAK C/O RIVERA & ASSOCIATES

Social Security No. \_\_\_\_\_

Address 2118 WALSH AVE, SUITE 100

SANTA CLARA, CA 95050

Telephone No. (408) 845-0068

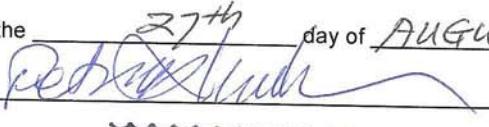
State of Mississippi

County of Hinds

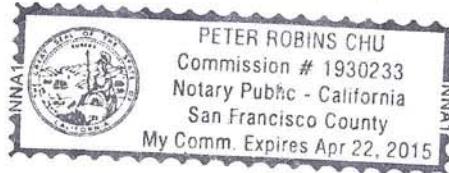
Personally appeared before me the undersigned authority in and for the state and county aforesaid, the within named BORYS PROCAK who being first by me duly sworn states on oath that the matters and facts set forth in the foregoing "Proof of Service-Summons" are true and correct as therein stated.

  
Process Server (Signature)

Sworn to and subscribed before me this the 27<sup>th</sup> day of AUGUST, 2014.

  
Notary Public

My Commission Expires: APRIL 22, 2015



**EXHIBIT J**